# PLEASE SUBMIT ORIGINAL & 10 COPIES

## APPLICATION FOR POSITION OF PART-TIME UNITED STATES MAGISTRATE JUDGE VANCOUVER, WASHINGTON

#### General

1.	Full Name:			
2.	All other names by which you have been known;			
3.	Where to contact: Home Business			
4.	Office Address:			
	Telephone ( )			
	Residential Address:			
	Telephone ( )			
6.	Place of Birth:			
7.	Length of Residence in State:			
8.	Are you under age 70? Yes No			
9.	Are you a citizen of the United States? Yes No			
10	Dates			
	Rank or Rate at Discharge Type of Discharge			
	If still a reserve or national guard member, give service, branch, unit, and present rank:			
	. Are you related by blood or marriage to any judges of this court? Yes No If yes, give me(s) and relationship			

### **HEALTH**

12. What is the present state of your health?		
13a. Have you in the last 10 years (1) been hospitalized due to injury or serious mental or physical illness or drug or alcohol addiction, or (2) been prevented from working or otherwise incapacitated for a period in excess of ten days due to injury or illness, drug or alcohol addiction? Yes No		
_		
13b. Do you have any visual or hearing impairment or other mental or physical impairment that would affect your ability to perform the duties of a Magistrate Judge? Yes No If so, please describe the impairment and how your impairment could be accommodated to allow you to perform the duties of a Magistrate Judge		
EDUCATION		
14. Colleges and Universities attended, dates and degrees:		
15. Continuing legal education courses completed within the last 10 years:		
HONORS		
16. Were you a member of law review? Yes No If yes, describe role:		
17. If you have published any legal books or articles, list them, giving citations and dates:		

8. List any honors, prizes or aw			
	vards you have received:		
	3		
ROFESSIONAL ADMISSIO	<u>NS</u>		
9. List all courts (including stat	te bar admissions) and admir	istrative bodies having specia	l admission
equirements in which you are pro			
~			
Court or Administrat	ive Body	Date of Admissi	on
AND DO A CONTROL			
AW PRACTICE			
een employed. Also provide all	dates during which you have		-
een employed. Also provide all ny periods of unemployment mo	dates during which you have	practiced as a sole practition	-
een employed. Also provide all	dates during which you have one than 90 days, except those	e practiced as a sole practition e due to disability.	er. Explain
een employed. Also provide all by periods of unemployment mo	dates during which you have one than 90 days, except those	e practiced as a sole practition e due to disability.	er. Explain
en employed. Also provide all by periods of unemployment mo	dates during which you have one than 90 days, except those	e practiced as a sole practition e due to disability.	er. Explain
een employed. Also provide all ny periods of unemployment mo	dates during which you have one than 90 days, except those	e practiced as a sole practition e due to disability.	er. Explain
een employed. Also provide all ny periods of unemployment mo	dates during which you have one than 90 days, except those	e practiced as a sole practition e due to disability.	er. Explain
een employed. Also provide all ny periods of unemployment mo	dates during which you have one than 90 days, except those	e practiced as a sole practition e due to disability.	er. Explain
een employed. Also provide all ny periods of unemployment mo	dates during which you have one than 90 days, except those	e practiced as a sole practition e due to disability.	er. Explain
een employed. Also provide all ny periods of unemployment mo	dates during which you have one than 90 days, except those	e practiced as a sole practition e due to disability.	er. Explain
een employed. Also provide all ny periods of unemployment mo Organization	dates during which you have one than 90 days, except those Address	e practiced as a sole practition e due to disability.  Position	Dates
een employed. Also provide all ny periods of unemployment mo Organization  Organization  1. Describe the general nature of our typical clients; also, if your	dates during which you have one than 90 days, except those Address  Address  of your current practice, inclupractice is substantially difference.	e practiced as a sole practition to due to disability.  Position  uding any legal specialties and the previously, give	Dates
een employed. Also provide all ny periods of unemployment mo Organization  Organization  1. Describe the general nature of our typical clients; also, if your	dates during which you have one than 90 days, except those Address  Address  of your current practice, inclupractice is substantially difference.	e practiced as a sole practition to due to disability.  Position  uding any legal specialties and the previously, give	Dates
een employed. Also provide all ny periods of unemployment mo Organization  Organization  1. Describe the general nature of our typical clients; also, if your	dates during which you have one than 90 days, except those Address  Address  of your current practice, inclupractice is substantially difference.	e practiced as a sole practition to due to disability.  Position  uding any legal specialties and the previously, give	Dates
een employed. Also provide all ny periods of unemployment mo Organization  1. Describe the general nature our typical clients; also, if your	dates during which you have one than 90 days, except those Address  Address  of your current practice, inclupractice is substantially difference.	e practiced as a sole practition to due to disability.  Position  uding any legal specialties and the previously, give	Dates
een employed. Also provide all my periods of unemployment mo Organization  Organization  1. Describe the general nature of our typical clients; also, if your	dates during which you have one than 90 days, except those Address  Address  of your current practice, inclupractice is substantially difference.	e practiced as a sole practition to due to disability.  Position  uding any legal specialties and the previously, give	Dates
Organization  Organization  1. Describe the general nature cour typical clients; also, if your rior practice:	dates during which you have one than 90 days, except those Address  Address  of your current practice, inclupractice is substantially different practice.	e practiced as a sole practition e due to disability.  Position  adding any legal specialties and event now than previously, give	Dates
Organization  Organization  Organization  Organization  1. Describe the general nature of our typical clients; also, if your rior practice:  2a. Do you appear regularly in	dates during which you have than 90 days, except those Address  Address  of your current practice, inclipractice is substantially different court? Yes No	e practiced as a sole practition to due to disability.  Position  Indiana any legal specialties and event now than previously, give	Dates
Organization  Organization  Organization  Organization  Organization  Describe the general nature of our typical clients; also, if your rior practice:  Do you appear regularly in	dates during which you have than 90 days, except those Address  Address  of your current practice, inclipractice is substantially different court? Yes No	e practiced as a sole practition to due to disability.  Position  Indiana any legal specialties and event now than previously, give	Dates
een employed. Also provide all ny periods of unemployment mo	adates during which you have bre than 90 days, except those Address  Address  of your current practice, inclupractice is substantially different court? Yes No opearances in the last five year	e practiced as a sole practition to due to disability.  Position  Indiana any legal specialties and event now than previously, give	Dates

	3. State civil law matters
	<ul><li>4. State criminal law matters</li></ul>
	6. Other
23.	During the past five years, what percentage of your practice has been trial practice?
24.	How frequently have you appear in court? times per month.
	4
25.	How frequently have you appeared at administrative hearings? times per month.
	What percentage of your practice involving litigation has been:
20.	
	Civil         %           Criminal         %
	Other %
	Provide the following information on three particularly significant cases in which you were involved ach separate page):
	Case Name:
	Court and case citation number (in any):
	Presiding Judge:
	Nature of case:
	Your role in case:  Results of your activities in this case and explain why this case was significant to you:
	Co-counsel(s) name, address & telephone number:
	Opposing counsel(s) name, address and telephone number:
28	Summarize your courtroom experience for the past five years:
	Summarize your courtroom experience for the past five years.
PU.	BLIC OFFICE
29.	Have you ever run for or held public office? Yes No If yes, give details:
PR	IOR JUDICIAL EXPERIENCE
20	
	Have you ever held judicial office or been a candidate for judicial office? Yes No es, provide the following information for each such experience:
	Name of a south and a

Name of court/agency: Period of service: Judicial title: Address and telephone number:
Name, address and telephone number of chief judge:
Describe the nature of judicial duties (e.g. nature of cases, level of authority, criminal or civil, administration, written or oral opinion, etc.)

•	u have held judicial office, state the names and addresses of counsel who have appeared before rould be knowledgeable of your work, temperament, and abilities:
	5
29c. Prior	quasi-judicial service:
Na	ame of agency
Po	sition held
 He Nu	earings on what types of issues umber of cases adjudicated
– Da	ites of service
30a. If yo enterprise,	S INVOLVEMENT  In are now an officer, director, or otherwise engaged in the management of any business state the name of such enterprise, the nature of the business, the nature of your duties, and but intend to resign such position immediately upon your appointment to judicial office.
	e being admitted to the Bar, have you ever engaged in any occupation, business, or profession the practice of law? Yes If yes, give the details, including dates:
legal servid Yes business en	ng the past five years, have you received any fees or compensation of any kind, other than for the rendered, from any business enterprise, institution, organization, or association of any kind?  No If yes, identify the source of such compensation, the nature of the interprise, institution, organization, or association involved, and the dates such compensation was
or municip	e you ever been arrested, charged, or convicted for violation of any federal law, state law, county al law, regulation, or ordinance? Yes No If yes, give details (do not include ations for which a fine of \$200 or less was imposed unless it also included a jail sentence):

-	_		r local investigation for possible ve particulars:
32a. Have you ever been s	sued by a client? Yes	No	If yes, give particulars:
professional malpractice?		yes, give part	settled a claim against you for iculars, including the amounts
33. Have you ever been cl	6 narged in any civil or crimin		s with conduct alleged to involve moral
turpitude, dishonesty, or un	nethical conduct? Yes	No	If yes, give particulars:
administrative agency, bar		sional group?	r unprofessional conduct by any court, YesNo
• • • • • • • • • • • • • • • • • • • •	•	•	tate, local, and other government
36. Have any liens or clair Yes No		• •	federal, state, or local authorities?
PROFESSIONAL AND	OTHER ACTIVITIES		
	0 1		ch you are a member and give the titles es to which you belonged:
response to question 37a.	of which you have been a me	ember during	nd professional societies identified in the past ten years, including the titles

SUPPLEMENTAL INFORM	<u>IATION</u>	
	ctions you have accomplished, demonstrating	
	ion or other experiences you believe would a	assist you in holding judicial
should be disclosed to the distri	formation reflecting positively or adversely or court and the selection panel in connection lge:	n with your possible nomination
		_
	7	
41a. List three individuals as re	eferences who are familiar with your abilities	s:
Name	Address	Telephone
41b. List three individuals as re	eferences who are familiar with your persona	al character:
Name	Address	Telephone

#### **CONFIDENTIALITY STATEMENT**

This form will be kept confidential and will be examined only by members of the Merit Selection Panel and the judges of the district court. The individuals whom you have listed as references above may be contacted by the panel, but no other employers, colleagues, or other individuals will be contacted

without your prior approval.	
I declare under penalty of perjury that the	he foregoing is true and correct.
Executed on	
Date	Signature of Candidate
	8
Magistrate Ju	udge Application Form
Professiona Authorizati	al Experience Inquiry ion and Waiver Form

I hereby authorize present or former employers, contracting parties, partners, educators and administrators of the disciplinary and inquiry bodies of any court, bar or other association to disclose to the merit screening committee and the appropriate district court all information concerning my work history, qualifications, and present professional status, and all complaints which have been made against me, together with the disposition thereof. I expressly waive whatever right I may have to confidentiality of the foregoing information.

I also hereby authorize the custodian of any records of information related to my application for magistrate judge to permit the examination or receipt of such records and/or information by anyone designated by the Merit Selection Panel.

_		Signature
	Print or Type Name:	
_	Social Security No.	
	Date Signed:	
		_
		9
	Magistrate Ju	dge Application Form
	Medical Auth	norization and Waiver
Disc. 11 A N		
Physician's Name		
Address		
_		
_		
Telephone ( )		

I hereby authorize any person designated by the District Court or the Merit Selection Panel to communicate orally (including by telephone) and/or in writing with the physician or counselor named above or identified elsewhere in my application with regard to my physical and mental condition and history, and any care, treatment, and advice given me.

I hereby authorize and direct the physician or counselor named above or identified elsewhere in my application to communicate to such person orally (including by telephone) such information regarding my physical and mental condition, care, treatment, and advice as may be sought by such person and to supply a written statement if requested by such person. For these purposes, I hereby waive any physician-patient privilege that may exist.

A copy of this authorization shall have the same effect as an original. This authorization shall be effective for six months from the date signed.

	Signature	Date
None		
Name:		
Address:		